

2011 PRTF QUALIFICATIONS CHECKLIST

PROVIDER NAME:

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Control #(s) | | | | | | | | |
| Staff Name | | | | | | | | |
| Date of Hire | | | | | | | | |
| Date(s) of Service | | | | | | | | |
| Paraprofessionals - HS Diploma/ GED | | | | | | | | |
| AP/QPs - Degree/Experience | | | | | | | | |
| <i>Before date of service:</i> | | | | | | | | |
| Alternatives to Restrictive Intervention | | | | | | | | |
| Restrictive Intervention | | | | | | | | |
| Additional training required per treatment plan | | | | | | | | |
| <i>Also:</i> | | | | | | | | |
| Supervision Plan | | | | | | | | |
| Supervision Plan Implemented | | | | | | | | |
| Criminal Record Check | | | | | | | | |
| HealthCare Registry Check | | | | | | | | |